

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

**Type of Requestor:** ( X ) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address  
AmeriMed International  
P. Box 261353  
Plano, TX 75026-1353

MDR Tracking No.: M4-04-5041-01

TWCC No.:

Injured Employee's Name:

Respondent's Name and Address  
Dallas County  
C/o Cunningham Lindsey & Harris & Harris  
Box 42

Date of Injury:

Employer's Name: Dallas County

Insurance Carrier's No.: 10052

## PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
5/16/03	6/15/03	E1399 – Monthly Rental of an Interferential Stimulator Unit, 2 months @ \$249.00 per month	\$498.00	\$498.00

## PART III: REQUESTOR'S POSITION SUMMARY

Preauthorization is not required for DME less than \$500.00. This IE received an Interferential Stimulator on May 16, 2003. Rental in the amount of \$249.00 was billed for the initial month as well as one additional month. The rental of this unit never exceeded \$500.00. Therefore, pre-authorization was not requested, as it was not required.

## PART IV: RESPONDENT'S POSITION SUMMARY

The EOBs denied reimbursement with "A1 – Pre-Authorization required under chapter 134, But the provider did not request for Pre-Authorization." The Requestor in an effort to sidestep the \$500 threshold billed the DME at \$249 per month, for a total of \$498. It is interesting to note that both the IF-4000 and the IF-4250 can be readily purchased for less than the rental price AmeriMed seeks for a single month. Order forms from various on-line medical suppliers provided. The Requestor contends that the Interferential Stimulator is not a TENS unit, hence is not subject to pre-authorization. However, the Requestor does not describe the precise difference between the two. Absent a detailed description of how the two devices differ substantively, the Requestor remains un-entitled to further reimbursement.

## PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The Respondent's literature of other medical suppliers of Interferential units describe its difference from Neuromuscular and TENS units. As these other suppliers also recognize the differences between DME, the interferential unit would not be the equivalent to a TENS unit to require preauthorization under rule 134.600.

On this basis, the Respondent did not prove that the Requestor is not owed any reimbursement for lack of a preauthorization.

The 1996 and 1991 Medical Fee Guideline DME Ground Rules and fee schedules lack a set fee for an interferential unit. As such, reimbursement is based on fair and reasonable. The Requestor is required to bill their usual and customary charges. Storage, shipping and handling, etc. are included in the provider's usual and customary charge and shall not be reimbursed separately.

The Respondent provided research of purchase prices for the identical item in dispute. Although this information supports

what other suppliers would charge to purchase the item, it does not supply an amount for monthly rental, or the fees for Freight and Handling costs described in 1996 MFG, DME Ground Rule V. An alternate fair and reasonable monthly rental reimbursement amount could not be determined without these other details. Therefore, reimbursement is recommended as billed.

#### PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to reimbursement in the amount of **\$498.00**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Findings and Decision by:

Patti Lanfranco

August 22, 2005

Authorized Signature

Typed Name

Date of Order

#### PART VII: YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

**Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

#### PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_